



**MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID #

2010144

OFFICE USE ONLY

[Signature]

STATEMENT DATE <u>9/15/08</u>		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) <u>6-7-8-18</u>	
3. FULL NAME OF COMMITTEE <u>Bartle 2006</u>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <u>10817 Wildflower Drive; Lees Summit, MO 64086</u> CITY / STATE / ZIP: <u>64086 MO</u>				5. TELEPHONE NUMBER <u>816-305-6288</u>	
6. TREASURER'S NAME <u>Matt Bartle</u>					
7. TREASURER'S MAILING ADDRESS ADDRESS: <u>10817 Wildflower Drive; Lees Summit, MO 64086</u> CITY / STATE / ZIP: <u>64086 MO</u>				8. TELEPHONE NUMBER HOME: <u>816-305-6288</u> WORK: <u>816-305-6288</u>	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP:				11. TELEPHONE NUMBER HOME: WORK:	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
AMENDMENT					
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)					
A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION		B. ACCOUNT NAME		C. ACCOUNT NO.	
<u>UMB</u> <u>1010 Grand Ave</u> <u>Kansas City, MO 64106</u>		<u>Bartle 2006</u>		<u>9835773037</u>	
15. TYPE OF COMMITTEE: <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)					
A. NAME	B. ADDRESS	C. TELEPHONE NO.		D. POLITICAL PARTY	
<u>Matt Bartle</u>	<u>10817 Wildflower Drive; Lees Summit,</u>	<u>816-305-6288</u>		<u>Rep.</u>	
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)					
A. NAME		B. ADDRESS			
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S)	B. ELECTION DATE	C. OFFICE SOUGHT	D. POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT F. OPPOSE	
<u>Matt Bartle</u>	<u>August 2010</u>	<u>State Auditor</u>	<u>State</u>	<input checked="" type="checkbox"/> <input type="checkbox"/>	
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED					
A. NAME(S) OF MEASURE(S)	B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION		CHECK ONE E. SUPPORT F. OPPOSE	
				<input type="checkbox"/> <input type="checkbox"/>	
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>Matt Bartle</u> TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>Matt Bartle</u> CANDIDATE'S SIGNATURE		